

Outcome Monitoring Program (OMP) Implementation Workgroup Meeting
SUMMARY

Thursday, January 29, 2004
10:00 AM – 3:00 PM

Participants

ADP Staff:

Facilitator: Sherri Gauger
Kathryn Jett
Chair: Thomas Powers
Michael Cunningham
Jesse McGuinn
JoAnn Auble
Larry Carr
Craig Chaffee
Keith Copping
Sharon Dais
Ken DaRosa
Carmen Delgado
Karen DeVoe
Karen Dotson
Rolf Erickson
David Feinberg
Joy Jarfors
Sally Jew-Lochman
George Lembi
Rebecca Lira
Susan Rushing
Del Sayles-Owen
Jacqueline Tinetti

External Participants:

Doug Anglin
Tom Avey
Susan Blacksher
Wayne Clark
Gino Giannavola
Jason Kletter
Rick McKay
Toni Moore
Pat Morrissey
Connie Moreno-Peraza
Ken Nyberg
Joel Phillips
Rick Rawson
Bob Saltz
Maureen Sedonean
Wayne Sugita
Al Rodriguez
Jim Sorkin for Al Senella
Liz Stanley-Salazar
Shirin Vakharian
Deborah Werner
Nancy Young

Meeting Purpose and Desired Outcome(s):

To:

- Review And Discuss The Group Charter;
- Provide Feedback On Proposed Treatment Data Elements;
- Prevention Representatives To Identify Gaps Between What The Current Prevention Data Collection provides And What Will Be Required In The New System;
- Establish A Meeting Schedule.

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1. Introductions and Opening Remarks – Thomas Powers

Thomas Powers opened the meeting by thanking everyone for attending today's meeting and helping ADP with CalOMP implementation.

Thomas took the opportunity to dispel any rumors that ADP staff has made up its mind about how implementation will occur. ADP has not. The state is looking to use a collaborative, process leadership approach to achieve a successful implementation of CalOMS. Those familiar with the ADP Strategic Plan know that we collaborated with our stakeholders. ADP cannot do this alone. In the beginning, all efforts were really focused on implementation of Proposition 36. As more information was learned about CalTOP and all of its achievements, more attention was focused on this approach and the benefits. We now have the opportunity to build an outcome system that serves the field.

2. Review of Agenda – Sherri Gauger

Sherri Gauger reviewed the draft agenda prepared for the meeting. Sherri emphasized that ADP is keeping the agenda flexible, so as to assure that the meeting agenda is responsive to the needs of the participants as well. Sherri also highlighted one change to the agenda. Later in the meeting, participants will hear presentations from Toni Moore on Sacramento County's data collection and how they have approached getting some outcome data for on AOD clients and from Rick Rawson, who will speak about the Los Angeles County Evaluation Systems (LACES) program.

3. Welcome- Kathryn P. Jett, Director ADP

Kathryn Jett welcomed all participants to the meeting. Kathryn stated that this meeting is the start of what ADP hopes will be a successful effort with the field to create an outcome monitoring program for alcohol and drug treatment and prevention services in California.

Kathryn shared her experience of testifying before the legislative committees of the Assembly and Senate, and the constraints on advocating for the field and our services that the lack of data creates. While the benchmark CAL-DATA study is well received elsewhere, here in

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California it is at times criticized and somewhat dated. Right now, under the new Administration, all departments are undergoing a performance review. In the 2004-2005 Budget, the Governor has made clear statements that those programs that can demonstrate outcomes and benefits will be best positioned for continued funding.

Implementation of the federal Performance Partnership Grants (PPG's) is just around the corner. Right now, the states are concerned about the cost and process of the PPG's, because there is really no guidance from the federal agencies as to what an "outcome" is, and 2005 is quickly approaching. These concerns are coupled with the fact that the states are now experiencing hard economic times.

The work of this advisory group is the priority of the ADP. The Director thanked the participants for their willingness to contribute and be a part of this effort.

4. Participant Expectations- Sherri Gauger

Sherri invited the participants to talk about their expectations of the work group and the system that is created to achieve the CalOMs vision. Participants engaged in a roundtable sharing of the expectations, which included:

- There is great interest in outcome data for the AOD field.
- We must know what data is needed, how the data will be collected, and what will be done with it.
- Using the ASI will raise some software and training issues. Continuous training will be key; technology and access to computers will be an issue.
- Outcome measures developed must be appropriate for the treatment modality.
- From the prevention perspective, outcome measures must be inclusive of all the prevention approaches used in California.
- Outcome measures are goals of the Strategic Plan. There is growing expectation to demonstrate outcomes and not just treatment completion rates.

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- CADPAAC has concerns about the initial CalOMS design. The counties want an affordable system that will not deflect resources from treatment service itself.
- There are big issues to consider, such as:
 - quality and consistency of data collection
 - automation
 - workforce development
- We should keep the system design and requirements as simple as possible.
- When the use of the ASI has been required, resistance has been encountered. This has been successfully overcome through training and by the program and clinical benefits of the ASI. Many in the field are now using it.
- Providers need to be in the loop to keep the data coming.
- We should build a system that can really be used for California.
- We need to separate process issues from outcomes, and be very clear about what we want to collect.
- The system build should improve on CalTOP. There is concern that the system will be set up to meet the federal needs and requirements but will not meet California treatment providers need to provide feedback to counselors.
- Due to pressure from counties, data collection systems have been built, such as LACES and IRIS, with CADDs embedded and some of the ASI. We need to build a system that the counties can manage.
- We will need to sell whatever system is built. Technology is a huge issue. We will need sound sampling and follow-up.
- Quick feedback to counties and providers is key to a successful system.
- Currently, there is no position taken on CalOMS by the California Organization of Methadone Providers (COMP). An effort is needed to bring the all counties along. Any system built should avoid duplication of effort at all levels.
- Prevention services outcome measures will need to be different from treatment. The language used must be considered. Field capacity is a big issue. Technology has helped. We should collect data that will be used.
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- We should balance the discussion between prevention services and treatment services. We need a system that will be successful early. We need to consider, what if outcomes can't be demonstrated?
- We need to be mindful of the impact of the system built on existing county systems (budgeting, contracts).
- We experience duplication with existing data collection systems. The new system should be integrated and avoid duplication.
- Providers that use vendors for information technology will be impacted by the new system. Vendors will need time to modify and test their systems prior to full implementation deadline.
- Use a graduated approach for the new system. We need to consider how environmental prevention will be captured in the new system.
- We need to consider the cost and the benefit of the new system.
- The new system must provide data reports locally. CalTOP gave us "one button" report capability. Comparative reports would be great. San Mateo County is looking at cross system data collection and analysis.
- In terms of cultural competency and language, an analysis was done on the CADDs system. The results of the analysis should be considered and incorporated into the new system.

See the attached summary of the themes that that emerged from this discussion.

Thomas Powers summarized the key points of the discussion of participant expectations which were:

- Technology is our tool.
- The system must be do-able and simple.
- The system must be useful to counselors.
- The system must be successful, and meet political needs at the local, state, and federal levels.
- We must get good analysis from the system.

Kathryn Jett commented that she heard some concern and anxiety about prevention PPG's. This is not unique to California. There is also a will and desire to discuss these issues and the concerns. Some

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good questions to pose to the federal agencies have come up, such as
will the PPG's be about sanction or incentives?

**5. Outcome Monitoring Program Project Overview and OMP Work
Group Charter- Sharon Dais**

Sharon Dais, Project Director, presented a PowerPoint slide overview of the CalOMS project. Participants asked several questions and offered comments in response to the information in the project overview. Comments and questions included:

- The PPG's are for federal SAPT funds. What about services that are provided from a mix of funding? The response was that the federal Maintenance of Effort (MOE) requirement captures other funding used for AOD services, and it is likely to be reflected there.
- The data and information flow in the project overview indicates that the responsibility and the accountability are at the provider level, but there is no input or information flow back to the provider. A CalTOP recommendation is that providers are included in the loop.
- Is the county operation or a provider's operation being measured? The response provided was that to get to best practices, outcomes need to be tied back to providers.
- Data will come from the providers so they will need to get something out of it, or else they won't put anything into it.
- There are issues around county/provider data sharing and how outcome data will be used. Not all counties share data with their providers. There is variation across the state.
- The issue of performance and funding does need some discussion.
- Provider performance may vary due to factors such as the clientele served.
- We need to consider what other agencies i.e., Probation, CPS, may need to know about our clients.

Participants were asked to review the draft Workgroup Charter and provide feedback, via email, to Sharon Dais at sdais@adp.state.ca.us.

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6. Los Angeles County Presentation- Rick Rawson, UCLA

The data collection system in use in Los Angeles County, known as LACES, has a common history with CalTOP. Los Angeles County wanted a sustainable evaluation system across the county for all treatment modalities. The idea was based on an A-F grading system in use by the county for restaurant food and health inspections, as a means of providing feedback to providers.

The ASI was the tool selected for use. All clients would be evaluated and assessed using the ASI and the data would be fed to the county database. Scores would be compared against all other providers of the same treatment modality. The modalities in LACES are Residential, Outpatient Drug Free, Day Care, and Methadone Maintenance. The software was user friendly. Thirty Programs were selected (one provider of each modality from each of the eight Service Planning Areas established by Los Angeles County) to participate. The same model is currently being implemented in Israel and Egypt, countries with vastly different provider resources and population demographics.

It has taken five years to get the ASI in the 32 programs, and the data cannot yet be aggregated due to proprietary conflicts. The biggest problem in LACES has been technological, and not resistance to the ASI. To roll out in Los Angeles County, all but thirteen items have been removed from admission data.

The first LACES Report is printed and will go to the Board of Supervisors. The report discusses decreases in drug and alcohol use, changes in employment, reductions in needle use for those clients in treatment. The report uses the ASI composite score.

LACES also provides provider site reports that give a comparative profile of a provider's operation to other programs of the same modality.

The challenge of LACES has been technology and the variability across providers. Training needs to occur continuously. Thus far, about one thousand staff have been trained, and 600-700 staff remain to be trained. High turnover and staff attrition has constrained training efforts as trained staff leave and new staff are hired.

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7. **Sacramento County Data Collection System Presentation** - Toni Moore, Sacramento County Alcohol and Drug Program Administrator

Five or six years ago, Sacramento developed two data collection tools. One is aimed at engaging people in treatment across the system, and is a screening and referral tool. The purpose of this tool is to identify what problems may exist, where they exist, and allocate resources accordingly. The other tool is a CADDs Supplement tool (see sample distributed). This form modifies the basic CADDs data collected to capture changes in drug and alcohol use, and changes in client involvement in other service systems, such as housing, criminal justice, CPS, and mental health.

As a result of the data collected, some expected changes did materialize. Some expected outcomes included decreases in arrests and jail days. Other expected outcomes did not materialize, such as decreases in CPS involvement. Sacramento County learned that this is due to differences across the system in court management of clients, where clients are expected to complete all service requirements, not just treatment, before family reunification can happen.

AOD is working with the Courts to look at these client management differences and identify opportunities for consistency and improvement. Detox clients skewed the data due to the high rate of client turnover in this modality, so those numbers were backed out of the analysis. Other evaluations are occurring for Drug Courts, Dependency Courts, and Proposition 36/SACPA.

Sacramento County did not opt to use the ASI for data collection because there is so much variability in the versions and formats of the ASI in use at the provider level. The ASI is used for assessment and treatment planning purposes.

Rick McKay commented that approximately 76% of the clients in Tehama County come from the criminal justice system. How are counties controlling for questions regarding drug use in the last 30 days, when the client has been incarcerated. Doesn't this question skewer the data? Rick Rawson responded that, no it would not. In the scenario given, the data would not be computed into the client score.

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Connie Moreno-Peraza asked what level of staff is used in both the Los Angeles program and the Sacramento program. The response was that there is variability in experience and education of the staff used at the provider level. Staff include credentialed and non-credentialed staff, counselors and other staff.

8. Closing Discussion

In terms of CalOMS, implementation will be driven by policy decisions and not by technological decisions.

Susan Rushing discussed the parameters of the CalOMS implementation. What we do in this project is defined and controlled through the Feasibility Study Report (FSR) process and approved document. The FSR sets out the cost, scope and schedule of the project. Based on changes that have emerged, a Special Project Report (SPR) was drafted to reflect the changes needed and sent to the Department of Finance for approval.

ADP's latitude in making additional changes is limited, so future modifications must be carefully considered.

In response, a request was made to look at 12 or so items from the ASI to create a data set. Elizabeth Stanley-Salazar commented that the cost of the system should be borne equitably, but is still likely to come from existing resources. We should all know the cost of the system and know the impact on the treatment and prevention services system.

The participants decided to create two sub workgroups: One for treatment methodology and one for prevention methodology. The objectives of the sub workgroups are to:

- Identify outcomes; outcomes should be limited in number and focused on what is critical for California as well as the federal government.
- Determine methodology for collecting outcomes.
- Identify the tool(s) or vehicle(s) that would give us the data.

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Participants were encouraged to solicit feedback from colleagues and bring that input to the group.

Action Items

As a result of the discussion, the participants identified several actions items. See the attached matrix displaying these action items. The matrix also includes the meeting schedules established for the separate treatment and prevention sub workgroup meetings.

Next Meeting

The participants agreed to meet as an entire group on a monthly basis with every other meeting being a face to face, as follows:

- February 25, 2004, from 2:30-4:30 PM (teleconference)
- March, 2004 – Specific Date To Be Determined (face-to-face and teleconference)
- April 28, 2004, from 2:30-4:30 PM (teleconference)

Attachments